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Application Number	10/684,114
Filing Date	10/14/2003
First Named Inventor	Philip Charles Ehlinger, Jr.
Title	Device for the Treatment of Hiccups
Art Unit	3762
Examiner Name	A. Alter
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12.17.05
Name	Philip C. Ehlinger, Jr.	Telephone	215.348.0596
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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